

08/30/01



jc912 U.S. PTO

A

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	
	First Inventor	ORAL SEKENDUR
	Title	
	Express Mail Label No.	

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: ATTORNEY FIRM, FIRM AND FIRM FIRM, FIRM AND FIRM
<input checked="" type="checkbox"/> 1 ORIGINAL OF INVENTOR'S DISCLOSURE (Submit an original and a duplicate for the processing.) 2 ORIGINAL OF INVENTOR'S DISCLOSURE 3 ORIGINAL OF INVENTOR'S DISCLOSURE Total Pages: <input type="text"/> Total Sheets: <input type="text"/> 4 ORIGINAL OF INVENTOR'S DISCLOSURE Total Pages: <input type="text"/> Total Sheets: <input type="text"/> 5 ORIGINAL OF INVENTOR'S DISCLOSURE Total Pages: <input type="text"/> Total Sheets: <input type="text"/> 6 ORIGINAL OF INVENTOR'S DISCLOSURE Total Pages: <input type="text"/> Total Sheets: <input type="text"/> 7 ORIGINAL OF INVENTOR'S DISCLOSURE Total Pages: <input type="text"/> Total Sheets: <input type="text"/> 8 ORIGINAL OF INVENTOR'S DISCLOSURE Total Pages: <input type="text"/> Total Sheets: <input type="text"/> 9 ORIGINAL OF INVENTOR'S DISCLOSURE Total Pages: <input type="text"/> Total Sheets: <input type="text"/> 10 ORIGINAL OF INVENTOR'S DISCLOSURE Total Pages: <input type="text"/> Total Sheets: <input 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For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label					
<input checked="" type="checkbox"/> Correspondence address below					
Name	ORAL SEKENDUR				
Address	399 W. FULLERTON PKWY				
City	CHICAGO	State	IL	Zip Code	60614
Country	USA	Telephone	773 880 5574	773 880 5574	

Name (Print/Type)	ORAL SEKENDUR	Registration No. (Attorney/Agent)	
Signature		Date	08-27-01

NOTICE: This application is being filed in accordance with the provisions of 37 CFR 1.53(b) and 1.53(c). The applicant hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief, and that he is not aware of any material information which has not been disclosed to the public and which is necessary for a proper understanding of the invention.

8-27-01

jc903 U.S. PTO
09/942439



08/30/01

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 355.00

Complete if Known

Application Number
Filing Date
First Named Inventor **ORAL SEKENDUR**
Examiner Name
Group Art Unit
Attorney Docket No.

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- Deposit Account Number
Deposit Account Name
- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.21
2. ☐ Payment Enclosed:
☐ Check ☒ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	201	710	355	Utility filing fee	355
106	206	320	160	Design filing fee	
107	207	480	245	Plant filing fee	
108	208	710	355	Reissue filing fee	
114	214	150	75	Provisional filing fee	

SUBTOTAL (1) (\$) 355

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from	Fee Paid
Independent	20** =	X	
Multiple Dependent	3** =	X	

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
103	203	18	9	Claims in excess of 20
102	202	80	40	Independent claims in excess of 3
104	204	270	135	Multiple dependent claim, if not paid
108	208	80	40	** Reissue independent claims over original patent
110	210	18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

*or number previously paid, if greater; For Reissues see above

FEE CALCULATION (continued)

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	205	130	85	Surcharge - late filing fee or oath	
127	227	80	25	Surcharge - late provisional filing fee or cover sheet	
139	139	130	130	Non-English specification	
147	2.520	147	2.520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1.840*	113	1.840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
118	390	218	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
128	180	128	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print Type) **ORAL SEKENDUR**
Signature

Registration No.
(Attorney/Agent)

Complete if applicable

Telephone **773 880 5574**
Date **08-27-01**

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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8-27-01

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PTO/SB/21 (08-00)
Approved for use through 10/31/2002 OMB 0851-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	
	Filing Date	
	First Named Inventor	ORAL SEKENDUR
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	ENCLOSED:	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	UTILITY PATENT APPL. TRANSMITTAL CREDIT CARD PAYMENT FOR DECLARATION FOR UTILITY PATENT APPL RETURN CARD	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	ORAL SEKENDUR
Signature	
Date	

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text"/>	
Typed or printed name	ORAL SEKENDUR
Signature	
Date	08-27-01

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08-27-01

1c903 U.S. PTO
09/942439
08/30/01

IN THE US PATENT AND TM OFFICE

Appn. No.:

~~09/270,896~~

NEW APPLICATION

Filing Date:

03/15/99

Applicant:

Sekendur, Oral F.

Appn. Title:

One Visit Dental Prosthesis

Examiner:

~~Ralph A. Lewis~~

Mailed 8/27/01

Group:

~~3300~~

Chicago, IL

Art Unit:

~~3132~~

CONTINUATION IN PART OF APPL # 09/270,896

Commissioner of Patents and Trademarks

Washington, District of Columbia 20231

Certificate of Mailing

I certify that this correspondence will be deposited with the United States Postal Service as first class mail with proper postage affixed in an envelope addressed to: "Commissioner of Patents and Trademarks, Washington, D.C. 20231" on the date below.

Applicant



Date: 08-27-01

Oral Sekendur

ONE VISIT DENTAL
PROSTHESIS

ENCLOSED! - Continuation in Part
Application # 09-270-896

- Specification
- Claims 1-20
- Abstract
- Fee
- Return Card